### IN THE UNITED STATES DISTRICT COURT

FOR THE MIDDLE D	DISTRICT OF TENNESSEE
Civil	DIVISION
Civil	
Johnnie M. Holley Name )	
Prison Id. No. 135561 )  Name	(List the names of all the plaintiffs filing this lawsuit. Do not use "et al." Attach additional sheets if necessary.
Prison Id. No	Civil Action No (To be assigned by the Clerk's office. Do not write in this space.)
v. )	Jury Trial □ Yes      ☑ No
C(A Metro Davidson CountyName  Name	(List the names of all defendants against whom you are filing this lawsuit. Do not use "et al." Attach additional sheets if necessary.
Defendant(s)	auditional success if necessary.
COMPLAINT FOR VIOLATIO  FILED PURSUANT TO  I. PREVIOUS LAWSUITS (The following infor	42 U.S.C. § 1983
A. Have you or any of the other plaintiffs i United States District Court for the Middl or state court?	n this lawsuit filed any other lawsuits in the e District of Tennessee, or in any other federal
□ Yes	
B. If you checked the box marked "Yes" abo	ove, provide the following information:
1. Parties to the previous lawsuit:	
Plaintiffs	
Defendants	N/A
<del></del>	

		2. In what court did you file the previous lawsuit?
		(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.
		3. What was the case number of the previous lawsuit?
		4. What was the Judge's name to whom the case was assigned?
		5. When did you file the previous lawsuit? N/A (Provide the year, if you do not know the exact date.)
		6. What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending?
		7. When was the previous lawsuit decided by the court? (Provide the year, if you do not know the exact date.)
		8. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.
		□ Yes □ No
		(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)
II.		E PLAINTIFF'S CURRENT PLACE OF CONFINEMENT (The following information at be provided by each plaintiff.)
	A.	What is the name and address of the prison or jail in which you are currently incarcerated? <u>CCA/Metro-Davidson County Detention</u> Facility 5115 Harding PL. Nashville, IN 31211
	B.	Are the facts of your lawsuit related to your present confinement?
		☑ Yes □ No
	C.	If you checked the box marked "No" in question II.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.
		NA
	D	Do the facts of your lawsuit relate to your confinement in a Tennessee State Prison?
- '		✓ Yes □ No
		If you checked the box marked "No," proceed to question II.H.
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	E.	If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?
		☑ Yes □ No
	F.	If you checked the box marked "Yes" in question II.E above:
		1. What steps did you take? Informal Resolution Unit Manager, Counselor, Grievace
		2. What was the response of prison authorities? No help, the run
	G.	If you checked the box marked "No" in question II.E above, explain why not
	H.	Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?
		☑ Yes □ No
	I.	If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?
	٠	✓ Yes □ No
	J.	If you checked the box marked "Yes" in question II.I above:
		1. What steps did you take? Informal Resolution Unit Manager, Counselor, Grievace
		2. What was the response of the authorities who run the detention facility? No help, the run around for days
	·L.	If you checked the box marked "No" in question II.I above, explain why not
grie	evance	opies of all grievance related materials including, at a minimum, a copy of the eyou filed on each issue raised in this complaint, the prison's or jail's response to that e, and the result of any appeal you took from an initial denial of your grievance.
III.	PAF	RTIES TO THIS LAWSUIT
	A.	Plaintiff(s) bringing this lawsuit:
		1. Name of the first plaintiff: Johnnie Holley  Prison Id. No. of the first plaintiff: 135561
		Prison Id. No. of the first plaintiff: 135561

		Address of the first plaintiff: CCA 5113 Harding PL.  Nashville, TN. 37211
		(Include the name of the institution and mailing address, including zip code. If you change your address you must notify the Court immediately.)
	2.	Name of second the plaintiff: N/A
		Prison Id. No. of the second plaintiff: N/A
		Address of the second plaintiff: NA
	.*.	(Include the name of the institution and mailing address, including zip code. If you change your address you must notify the Court immediately.)
		If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.
В.	Defe	endant(s) against whom this lawsuit is being brought:
	1.	Name of the first defendant:CCA
		Place of employment of the first defendant: 5115 Harding R. Nashville, TN. 372/P
		The first defendant's address: 5115, Harding PC-Noshville, TN 37211
		Named in official capacity?  ☐ Yes ☐ No Named in individual capacity" ☐ Yes ☐ No
2.	Nan	ne of the second defendant: N/A
		Place of employment of the second defendant:
		The second defendant's address:
		Named in official capacity? ☐ Yes ☐ No Named in individual capacity" ☐ Yes ☐ No
		If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue.

#### IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where there they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 ½ in. x 11 in. paper. Write on one side only, and leave a 1 in. margin on all four 4 sides.

In	e been locked up since Sept. 23, 2011 and I am indigent
and	I been filing indigent every time I'm suppose to I came
her	e from CDC on the 17th of May 2012 and I been tiling indigent
yor Pn	yelones up until the main indicant with the Stan
+0	velopes up untill the main indigent with the 3800, oth paste, ete, ete, they didn't give me the Main indigent
Ic	Jonthave anything to take care of my personal hygiene, the one
bag	of snap they gave me over a month ago been gone and every ne I bring my problem to the facility guthorities there nothing
+11	ne I bring my problem to the facility guthorities there nothing
	cal nasty fungus rash on my left foot wish Duse coming
DUT	t of it, when they moved me from CDC I was a few days
fre	m my monthy indigent, I haven't had a main indigent
SIV	ice April 24 and theres nothing I can do about it butfile
ha	ormal 1250 Jution and reptiling them. The System tilly
15	what I am suppose to do and that is fill out a indicent
For	m and put it in the commissary box and hope and
pro	by that it make it threw, because they deal with 60
MIC	ing that they make Glot Dt mistakes
REI	JEF REQUESTED: Specify what relief you are requesting against each defendant.
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A.	A SETTE SYSTEM
В.	, , , , , , , , , , , , , , , , , , ,
C.	
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D.	
E.	
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F.	I request a jury trial.  Yes  No

#### VI. CERTIFICATION

	tify under the penalty of perjury that the foon, knowledge and belief.	oregoing complaint is true to the best of my (our)
morman	Signature: Johnnie M. K	Date: <u>7-6-2012</u>
	Prison Id. No. <u>/3556</u>	
	Address: CA-Metro - Davide 5115 Hardina (Include the city, state and zip code.)	PL. Nashville, TN-37211
	Signature:	Date:
	Prison Id. No.	· · · · · · · · · · · · · · · · · · ·
	Address:	· · · · · · · · · · · · · · · · · · ·
	(Include the city, state and zip code.)	

<u>ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT</u>, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS, if not paying the civil filing fee.

SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER. Complaints received without the required filing fee or application to proceed in forma pauperis will be returned. Filing fees, or applications to proceed in forma pauperis, received without a complaint will be returned.

#### INFORMAL RESOLUTION

- RECD JUL 1 7 2012

To be sombles in the case.		
Date: 7/17/12		
Name (Print): to R. Last Name	Johnne First Name	Middle Initial
Number: 135561 H	OUSING ASSIGNMENT: CCA	-Junit 07
Description of issue, problem	, and solution you suggest:	
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setun has abt of fla	e it to me and I file ever us and all we can do is a formals but I haven't gotten a sep	lo what we are suppose
FORSTAFF'OSE ONLY		
Date received from inmate/re	#sident: 7-17-18	1 0
Name of staff member compl	leting informal resolution process:	Musermales
Date response due to inmate	President: 7-07-12	1120121-
Date and time initial meeting	held with the inmate/resident:	2011200
Additional information reco	eived from initial meeting:	
Names of staff members in	volved with the inmate/resident's	s issue:
<b>L</b>		

Distribution: Original: Facility Copy: Inmate/Resident

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Distribution:

Original: Facility 12-cv-01078 Document 1 Filed 10/19/12 Page 8 of 17 PageID #: 8

Copy: Inmate/Resident

# HERA JAF 0 8 5015

## **INFORMAL RESOLUTION**

TO DE COUDING ON THE PROPERTY OF THE PROPERTY
Date: 7/6/12
Name (Print): Holley Johnnie Middle Initial
Number: 135561 HOUSING ASSIGNMENT: CCA - J-unit 02
Description of issue, problem, and solution you suggest:
The been locked up siene Sept. 23 2011 and The been filing indigent I come here from C.D.C the 17th of May 2012 and I been filing indigent and the week of Seap, toothpaste, razor, etc etc they clicket give Mc Mothing and I don't have anything to take care of my body all
That of Is file this informal resolution and Keep tiling them that's all I can do untill someone help me, when I ask the Counselor all I get is the run around
Attach additional pages, if necessary.
FORSTAFFUSEONLY CONTROL
Date received from inmate/resident: 1913
Name of staff member completing informal resolution process: Which will
Date response due to inmate/resident: 1918
Date and time initial meeting held with the inmate/resident:
Additional information received from initial meeting:
Names of staff members involved with the inmate/resident's issue:
Names of staff members involved with the inmate/resident's issue:
Names of staff members involved with the inmate/resident's issue:

Distribution: Original: Facility Copy: Inmate/Resident

03/07

entative completion date if remedy suggested:  y signing below, the inmate/resident verifies agreement with the remedy suggested above. If the inmate/resident is not satisfied with the remedy suggested above, mate/resident is not required to sign below and may choose to file a for revance with the Facility Grievance Office. In either case, the inmate/resident acopy of this form on the day the first resolution process is completed.  Mitness Signature:  Date:  D	•				<u> </u>	
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Plase Give Copy to Residual

RECEIVED JUL 0 6 2012

Date: // 5 /	16	1			-
/ /	1- hanie	11.1	1/01/	1	1
Name (Print):	Last Name	First I	Name	Middle	initial
Number /35	561 HOUS	SING ASSIGNME	NT. J-//	init 02	
Turribor.				<i></i> <u></u>	
Description of i	issue, problem, and	l solution you sug	gest:	•	
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Attach additional pa	ges, if necessary.				
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Forestatey	JSE ONLY:				
Date received	from inmate/reside	nt: 1-15-1	$\underline{\sigma}$	1	
N		- 1-6		SM.	111 rd
Name of Stair	member completing	j iniormai resoluti	on process:	C) VICE	<u>, v</u>
Date response	e due to inmate/resi	ident: +110	- 1A		
Date response		donc			
Date and time	initial meeting held	l with the inmate/r	resident:		
					•
Additional inf	formation received	d from initial med	eting:		
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Distribution:
Original: Facility
Copy: Inmate/Resident

002

03/07

			• 1.15	
dditional inform	ation received from	meetings with sta	ff members:	
		<u> </u>		
				V Belle (186)
tva(firirespo)	SEC			
Mr. Hollen	1008 100S	. Not an	ON INDRAN	- 1154- CM
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				10 March
entative comp	letion date if reme	edy suggested:	7/18/12	18110-11604
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By signing belo	w, the inmate/resi	dent verifies agre	ement with the r	emedy suggeste
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rievance with	the Facility Grieva	ince Officer. In e	ither case, the in	mate/resident wi
eceive a copy o	of this form on the	day the final reso	ution process is	completed.
imate Signatur	e: Inmate C	CHUSCO 40 8	<u>\</u>	<u></u>
esignated Staf	f Signature:		Date:	
Witness Signat	10. 6	nu.	Date:	11/8/12
Triuloss Olynai	1.00	7	*	must be obtained
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in the event the i erify that the inm	ate/resident was offe	red the opportunity	for informal resolution	nc.

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Grievance	NO.	71	าบะ
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RECEIVED JUL 2 3 2012 1 14-5B

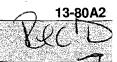
INMATE/RESIDENT GRIEVANCE				
FULL NAME: Vohnnie Holl	ey			
NUMBER:   13556	HOUSING ASSIGN	MENT: CCA-J-unit 02		
INFORMAL RESOLUTION ATTACHED (No.		vance)? 🛮 YES 🗌 NO		
GRIEVANCE CATEGORY (CIRCLE ONE):				
1. Facility Staff	8. Dental Services	15. Housing		
Access to Legal Materials     Denied Access to Informal Resolution/Grievance Process	Mental Health Services     10. Trust Account	ices 16. Laundry 17. Recreation		
Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation		
5. Safety/Security	12. Food Service	<ol><li>Programs-education, work, religious, etc.</li></ol>		
6. Sanitation	13. Mail	Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights)		
7. Medical Services	14. Intake	21. Other		
<u></u>				
each of those weeks but the they didn't give me and I do not har Traygove over a mon My problem to telle me Mous I cont Keep missel nasty fun gus lash on when they moved me from a monthly indigent. I haven't nothing I can do about it a them. The system they haven't all I can ob is what In indigent paper and put in that it so threw because	th ago been gone there is nothing there is nothing the least and I had but I was a few had a main indi but file informal ave when it comes	they can blo band right of the come down with a with a with a with a comemout of it down from gent since April 24 and there resolution and keep filing to the updigent is flawed		
Requested Action: (Attach additional pages if r				
<u> 1900 - Sangara Andrews Andre</u>	<u> Sangtengered and an annual group of the law on the same of the law of the l</u>			
Seems they close Care it incligent, all they have Just that they close Care Dubject to institutional require available and issued at regula	P you get it are to do is lock e one way are the ments, personal hygi ir intervals to incli thats a lie and i	on the Computer but its other . Resonal hygiene is ene items Suppose to be egent in mates and thats in		
Inmate/Resident's Signature:	M- Holley	Date Submitted:		
Page 1 of 2	$\nu$	03/07		

Grievance No.:	14-5B
RESPONDING STAFF MEMBER'S REPORT: (Attach additional pages	if necessary. All pages must
nclude the grievance number.)	
	<del></del>
<del></del>	
	<del></del>
RESPONDING STAFF MEMBER'S DECISION: (Attach additional pages if ne prievance number.)	cessary. All pages must include the
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the finity manager vouse	o said of Hes
states me he so gong M	fre proces
To the so is far fill or	land stude
Simple Denguen Sc	300 000 000 000 000 000 000 000 000 000
No ser registration of the service o	<del></del>
Responding Staff Member's Printed Name: Value Value	Title:
Responding Staff Member's Signature:	Date: 1 30 1
Inmate/Resident's Signature (upon receipt):	Date:
minater resident's Signature (upon receipt).	Date.
NMATE/RESIDENT APPEAL (Attach additional pages if necessary. All	pages must include the grievance number.)
	144
	i i
	, , , , , , , , , , , , , , , , , , ,
WARDEN/ADMINISTRATION'S DECISION: (Attach additional pages if necessing method)	sary. All pages must include the grievance
	The second secon
	<u> </u>
<u></u>	

Warden/Administrator's Signature:

Inmate/Resident's Signature (upon receipt)

# Sick Call Request (Co-Pay)



	cal Records Yello	ow: Parts C & D - Busin	A Committee of the Comm	\
Health Services	Initials: //			( ' (21 S )
		receivedm	edications @\$	_eaeh
		received chargeable o		<del>\$</del>
	_ The inmate/resident	received chargeable p	osychiatric services @	\$ \$
	_ The inmate/resident	received chargeable r	nedical services @\$	<u> </u>
Charges:		3.70.11.7		
Part D: (To	o be completed by Medi	cal Staff)		
	- Justinia			
•	nt Signature: Johna	in Hallen	– Date:	7/18/12
the time of servic	e, a hold will be placed on morizes disbursement from m	ny trust fund account and		
	I will be charged for each cheation ordered. I also unders			
Work Hours:	Nove	Ho	using Assignment: _	J-unit 02
Work Assignme	ent: No NE	·	· · · · · · · · · · · · · · · · · · ·	
Inmate Number	135561		Date: _	7/18/12
Inmate Name (F	Print): Johnnie +	tollec/		<u> </u>
	be completed by patie			
	<del></del>	Charge Rec	<u> </u>	
		Chargo Boo		
Health Services	Signature:		Date:	A /191-
	A STATE OF THE STA	AMA .		er en
Services and M	eds Provided.			
WARE THEFT	edical Staff Only)			
e en facilità de Maridia de Compa				
Inmate/Residen	t Signature: Achnous	THE LEGY	Date of Birth: _/	12-23-60
Inmate (Print Na	ame): Johnnie H	ollary		Number: <u>/3<i>55</i></u> と
How long have	you had this problem?	For a while		
<u> </u>	ou my tett too	***		<u> </u>
Reason for requ	uesting Health Services A	ppointment (BE SPEC	ific): has	re altungad
Work Hours:	none	Housing Assignmen	nt: J-unit o	12 A.K.
		Nove		

8/23/0

5115 Harding Place Noshville, TN 37211



United States District Court
-Middle District of TN
TO 1 Broadway
Nashville, TN 37203

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